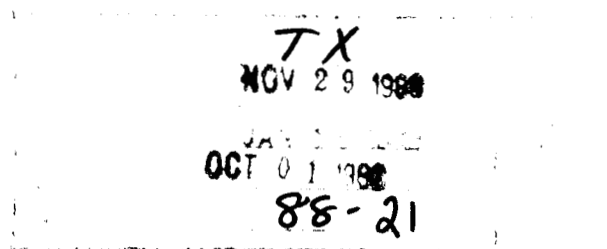


<sup>24</sup>  
23.g. Ambulatory Surgical Center Services.

Subject to the specifications, conditions and limitations established by the single state agency, ambulatory surgical center services are covered as follows:

- A. Ambulatory surgical procedures provided in ambulatory surgical center facilities are limited to those approved by the Health Care Financing Administration for Medicare, unless otherwise specified by the single state agency.
- B. Ambulatory surgical center services must be provided in an "Ambulatory Surgical Center" or "ASC" as defined by 42 CFR Part 416 and other applicable federal and state laws, rules and regulations.
- C. Ambulatory surgical centers must meet applicable state laws, rules, regulations, and licensure requirements.
- D. Ambulatory surgical center facilities or entities must be approved for and participating in Medicare (Title XVIII of the Social Security Act) and be approved by the single state agency or its designated agent and have a written provider agreement with the single state agency.
- E. Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a covered surgical procedure approved by the Health Care Financing Administration for Medicare unless otherwise specified by the single state agency.



TN No. 88-21  
Supersedes \_\_\_\_\_ Approval Date JAN 18 1989 Effective Date \_\_\_\_\_  
TN No. 24 HCFA-179

<sup>2H</sup>  
~~28~~.h. Birthing Center Facility Services.

Subject to the specifications, conditions, requirements and limitations established by the single state agency or its designee, birthing center facility services, under this State Plan, are limited to birthing centers licensed by the Texas Department of Health, pursuant to the Texas Birthing Center Act (Article 4437f-3 V.T.C.S.A.) or other legally authorized licensing authority under applicable state laws, to provide a level of service commensurate with the professional skills of a physician (M.D. or D.O.) or a Certified Nurse-Midwife (CNM) who acts as the birth attendant (Category A birthing center). The center, the physician, and CNM must be licensed at the time and place the services are provided. The birthing center must be enrolled and approved by the state agency or its designee for participation in the Texas Medical Assistance Program.

Coverage of birthing center facility services is limited to certain birthing services provided by the center and determined by the attending physician or CNM to be reasonable and necessary for the care of the mother and live newborn child following the mother's normal, uncomplicated pregnancy. Reimbursable services are limited to facility services provided during the labor, delivery and postpartum periods. Unless otherwise specified by the single state agency or its designee, covered services begin when the mother is in active labor and is admitted to the birthing center and end within the 24 hour period after birth. Covered birthing center facility services include preparation and completion of the medical record of stay from admission through discharge, including information on prenatal care, onset of labor, etc.; physical preparation of the mother for labor and delivery; use of the facility's labor, delivery, and recovery rooms; necessary equipment and supplies provided by the facility and used during the labor, delivery, or postpartum periods; nourishment provided to the mother and live newborn child; and facility staff services, other than the services of a physician or CNM, provided to the mother and live newborn child during their stay in the facility. Birthing center facility services furnished prior to or after the above described period are not considered as birthing center facility services and are not covered or reimbursed as such under this State Plan. Services provided by a physician or CNM are not considered to be birthing center facility services. For services other than birthing center facility services, other applicable provisions of this Title XIX State Plan and the Texas Medical Assistance Program will apply. Services furnished by a lay midwife or a birthing center utilized by a lay midwife are not covered or reimbursed by the Texas Medical Assistance Program.

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TN No. 88-21

Supersedes

Approval Date JAN 18 1989

Effective Date

TN No. See HCFA-179

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